


Pre-Edit



*RETURN TO FMF - LOCATION 7540

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>09935975</u>	Prepared by <u>CB</u>	Tracking Number	
Examiner-GAU <u>Lockett 2831</u>	Date <u>5-18-04</u>	Week Date	
	No. of queries <u>1</u>		

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	Other <u>Issue Class. form</u>

SPECIFICATION	MESSAGE
a. Page Missing	<p>Issue Classification form, indicates 9 claims allowed, 10 are listed on the issue class. form and in amendment a¹⁰. Please reconcile.</p>
b. Text Continuity	
c. Holes through Data	
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
Thanks	
CLAIMS	RESPONSE
a. Claim(s) Missing	<p>10 claims allowed, corrected "total claims" box on IIFW</p>
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	

Issue Classification 	Applicant N .	Applicant(s)	
	09/935,975	SCHLESKE, MARTIN	
	Examiner	Art Unit	
	Kim R. Lockett	2837	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS	CLASS	SUBCLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
84	231.20	84	31	261	275				
INTERNATIONAL CLASSIFICATION									
G11D	3100								
	1								
	1								
	1								
	1								
(Assistant Examiner) (Date)				 KIMBERLY LOCKETT PRIMARY EXAMINER (Primary Examiner) (Date)				Total Claims Allowed: 10	
 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s)	O.G. Print Fig.
								1	1A-1B

clerk
5/24/04

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
	1		31		61		91		121		151		181		
	2		32		62		92		122		152		182		
	3		33		63		93		123		153		183		
	4		34		64		94		124		154		184		
	5		35		65		95		125		155		185		
1	6		36		66		96		126		156		186		
2	7		37		67		97		127		157		187		
3	8		38		68		98		128		158		188		
4	9		39		69		99		129		159		189		
5	10		40		70		100		130		160		190		
6	11		41		71		101		131		161		191		
7	12		42		72		102		132		162		192		
8	13		43		73		103		133		163		193		
9	14		44		74		104		134		164		194		
10	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
	23		53		83		113		143		173		203		
	24		54		84		114		144		174		204		
	25		55		85		115		145		175		205		
	26		56		86		116		146		176		206		
	27		57		87		117		147		177		207		
	28		58		88		118		148		178		208		
	29		59		89		119		149		179		209		
	30		60		90		120		150		180		210		